

DANIEL SHAPIRO

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February 11, 2009

Honorable Robert D. Drain
United States Bankruptcy Judge for the
Southern District of New York
United States Bankruptcy Court
One Bowling Green
New York, New York 10004-1408

Re: **OBJECTION TO MOTION FOR ORDER TO CONFIRM DEBTORS' AUTHORITY TO
TERMINATE EMPLOYER-PAID POST-RETIREMENT HEALTH CARE BENEFITS AND
EMPLOYER-PAID POST-RETIREMENT LIFE INSURANCE BENEFITS FOR CERTAIN
SALARIED EMPLOYEES AND RETIREES AND THEIR SURVIVING SPOUSES**

Delphi Corporation, Case No. 05-44481 (RDD) (Chapter 11)

Dear Judge Drain:

Please accept this letter as an objection to the motion filed by Delphi Corporation, the Debtor in the above-referenced case, seeking to confirm its authority to terminate employer-paid, post-retirement health care and life insurance benefits for certain salaried employees, retirees, and surviving spouses. The impact of this decision will have immense impact on thousands of Delphi retirees, active employees, and surviving spouses.

Pursuant to 11 U.S.C. § 1114, a debtor in reorganization may not terminate health and life insurance payment programs maintained for retirees and their spouses and dependents without first negotiating proposed modifications in benefit payments with representatives of the retirees. Once these negotiations have occurred and the parties can demonstrate that no agreement can be reached, it is up to the debtor to then seek and receive court approval to make modifications to any health insurance or life insurance benefits offered. In this case, the Debtor did not negotiate with representatives of the retirees and, in fact, provided very little notice to this group of creditors regarding their intent to modify the benefits provided to them and their dependents.

Retirees of the Debtor did not receive any official notification of Delphi's intent to terminate the health insurance and life insurance of salaried employees and retirees. The first notice that I received regarding the Debtor's intent to terminate my benefits was a copy of the Notice of Motion filed with the court on February 4, 2009. This Notice of Motion further

indicated that the affected employees and retirees had until only February 17, 2009 to file any objections to the motion. Certainly, this late notice to the affected group of employees and retirees did not provide the parties an opportunity to negotiate any modifications to the health insurance and life insurance benefit plans and does not allow the affected employees and retirees an opportunity to consult with an attorney or otherwise determine what their rights are with respect to this request by Delphi. Eleven days to file an objection to the motion is insufficient time to allow this large group of retirees to ascertain and assert their rights under the law.

The loss of life and health insurance creates a great burden for retirees and their spouses. When I retired from Delphi, it was with the understanding and promise that, in return for my nearly 30 years of service to the company, I would receive health insurance and life insurance for the remainder of my life. I relied on this promise and, as a result, am not in a position to easily obtain alternate health insurance coverage. In many instances, including mine, retirees and their spouses have pre-existing health conditions that will impact their ability to obtain alternate health insurance coverage or alternate life insurance and certainly makes such alternate coverage prohibitively expensive.

The timing of this announcement is also difficult. As you know, the economy and the stock market (where many retirees invested for their retirement) have taken a terrible hit. Many of the retirees, including myself, have experienced great losses in the stock market and in my retirement funds. These financial losses, coupled with the high price of health insurance, will create a hardship for me and other retirees who seek to purchase alternate coverage. With the local economies where Delphi retirees live already being impacted by the recession, the loss of health insurance coverage for retirees will impose an even greater burden on the localities in terms of Medicare and Medicaid costs and an increased need for other social services.

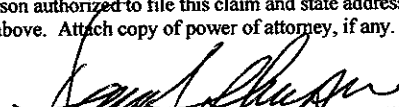
While I understand the difficulty that Delphi Corporation has experienced over the years and its precarious financial position, I believe that the company should honor the promises that it made to employees who provided years of dedicated service. The retirees and their representative would be willing to consider steps to control the cost of the health and life insurance benefits provided by the Debtor, if Delphi would be willing to meet with us and provide some alternatives. The draconian measure of cutting all health insurance and life insurance benefits with little more than two months notice is unacceptable and is a breach of the trust that I and others have placed in the company.

Please reject the Debtors' and order the company to find other ways to control their health insurance costs without subjecting to this group of retirees to the punitive measure of canceling the health insurance and life insurance benefits that we worked so hard to earn. Thank you for your consideration.

Sincerely,


DANIEL SHAPIRO

B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor: DELPHI CORPORATION		Case Number: 05-44481 (RDD)(CHAPTER11)
<i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): DANIEL SHAPIRO		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: DANIEL SHAPIRO 495 LAKE RD. E. HAMLIN, NY 14464 Telephone number: (585) 964-2875		
Name and address where payment should be sent (if different from above): Telephone number:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ _____ If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		
2. Basis for Claim: <u>SERVICES RENDERED</u> (See instruction #2 on reverse side.)		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4). <input checked="" type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(). Amount entitled to priority: <div style="text-align: right;">\$ <u>75,000.00</u></div> <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
3. Last four digits of any number by which creditor identifies debtor: <u>9401</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: 02/12/2009 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. DANIEL SHAPIRO 		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Options! News

Below is an "at-a-glance" summary of the latest news to consider as you make your enrollment choices.

Learn What's New

Health Care Contributions	Contribution amounts are increasing to reflect rising health care costs.
Plan Availability	In certain locations, health plans are being added and/or discontinued.
Prescription Drugs	Pharmacy management tools are being added and updated under the Comprehensive Health Savings Plan, Enhanced Medical Plan and Point of Service.
Best Doctors	This new program available under the Comprehensive Health Savings Plan, Enhanced Medical Plan and Point of Service provides assistance in making informed decisions and getting the best care possible.
Life Insurance	There are a number of updates to life insurance, including added special benefits, reduced rates for certain age brackets, and a change in how your life insurance contributions are determined. For Texas residents only, the definition of an eligible dependent child is being updated to reflect changes in state law.
Personal Accident Insurance	There are new special benefits offered under Personal Accident Insurance and updates to existing benefits.



Explore your options

eValuator Medical Plan Selection Tool	Medical Plan Comparison Summary	Case, Disease and Utilization Management	Important Reminders
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Approaching Medicare Eligibility? – What you need to know

Health Care Contributions

For most of your options, the contributions you make are increasing to reflect rising health care costs. The increases in contributions are approximately eight percent in aggregate. Note that Health Maintenance Organization (HMO) contributions are adjusted each year based on the individual plan's performance on selected quality measures and financial performance. Therefore, some HMOs have changes that are more significant. In general, those HMOs with the best performance on the selected quality measures and greatest cost effectiveness have the lowest prices. You can view the specific contributions for all your plan options through the online Enrollment Worksheet.

Plan Availability

Plans being added for 2009	<p>The following plans are being added for 2009:</p> <ul style="list-style-type: none">• Health Plus MI HMO – Southeast Michigan• Point-of-Service (POS) plans in two new geographic areas:<ul style="list-style-type: none">◦ Mississippi◦ Western New York (Buffalo and Rochester) <p>Note: In-network services are available through CIGNA's Open Access Plus (OAP) providers. To look up providers, go to www.cigna.com and use the "Find a Doctor" tool (remember to select the "Open Access Plus ONLY" option).</p>
Plans being discontinued for 2009	<p>The following plans are not being offered for 2009:</p> <ul style="list-style-type: none">• Paramount HMO – Ohio• Preferred Care – New York• Univera – New York <p>If you are currently enrolled in a plan that is no longer offered, you must choose a different plan during the annual enrollment period. If you do not enroll, you will receive default coverage that may not meet your needs.</p>
Plan changing its name for 2009	<p>Blue Choice Plan available in New York is changing its name to Blue Point 2.</p>

Prescription Drugs

The pharmacy management tools for prescription drugs under the Comprehensive Health Savings Plan (CHSP), Enhanced Medical Plan (EMP) and Point of Service (POS) medical options are being updated in 2009.

Updated pharmacy management tools....	
Maintenance at Mail	<p>The "Maintenance at Mail" drug list is being expanded to include additional medications for:</p> <ul style="list-style-type: none"> • High Blood Pressure • Cholesterol • Asthma • Diabetes • Hormone Replacement <p>Also, some new drug categories are being added to the Maintenance Drug List (MDL), such as Osteoporosis, Antidepressants, Anticonvulsants, Erectile Dysfunction, Non-Sedating Antihistamines and Prenatal Vitamins. Please note that the MDL is updated periodically throughout the year and is subject to change. Drugs that are included on the MDL will be identified as such on Medco's website when an enrollee prices a medication.</p>
Prior Authorization	<p>Prior Authorization will now be required for enrollees using Cancer Agents (Iressa, Temodar, Gleevac, Tarceva, Sutent, Sprycel, Nexavar, Vidaza, Dacogen, Avastin, Zolanza, Erbitux, Vectibix, Thalomid and Revlimid).</p>
Quantity Duration/Dose Duration	<p>Quantity Duration/Dose Duration is being expanded to include CNS Stimulants - Narcolepsy (Provigil), Pain Therapy Management (Actiq - Fentora) and Anti-Viral Therapy (Valtrex, Famvir, Zovirax, acyclovir).</p>
Step Therapy	<p>Step Therapy is being expanded to include Pain Therapy Management (Actiq - Fentora).</p>
Preferred Coverage Review	<p>Preferred Coverage Review is now required for Hypnotics and Osteoporosis:</p> <ul style="list-style-type: none"> • Hypnotics: Targeted Drugs - Lunesta and Rozerem; Preferred Drugs - generic zolpidem and Ambien CR. Note: All brand name Hypnotic drugs will be Non-Preferred Brands (i.e., require the highest copay - Tier 3). • Osteoporosis: Targeted Drugs - Actonel and Fosamax-D; Preferred Drugs - alendronate and Boniva. Note: All brand name Osteoporosis drugs will be Non-Preferred Brands (i.e., require highest copay - Tier 3).
Smoking Cessation Drugs	<p>In line with Delphi's Wellness Initiatives, the 90-day Lifetime Cap for smoking cessation drugs is being replaced with an annual cap and prior authorization criteria.</p>

New pharmacy management tools....	
Specialty Drug Interval Dispensing	<p>Specialty Drug Interval Dispensing allows for a dispensing a smaller supply for a specific list of specialty medications obtained through Medco at mail. For example, one of the identified specialty medications may be dispensed in a 30-day supply rather than the standard 90-day supply. In this case, your copay will be prorated to 1/3 of the standard 90-day copay. You will still pay the same total copay amount over the full 90-day period. Other advantages include:</p> <ul style="list-style-type: none"> • Delivering medication without lapses in treatment. • Managing the high potential for waste due to a change or discontinuation in treatment and/or when you cannot tolerate the medication. • Providing you with greater service support (special drug handling and storage; patient monitoring, outreach and consultation; and refill coordination).
"My Rx Choices" Enrollee Mailings	<p>These mailings inform you of lower-cost drug options available and the associated savings for medications you may be taking on a regular basis, which you can share and discuss with your doctor.</p>
Therapeutic Resource Center Awareness Mailings	<p>The Therapeutic Resource Center can provide you with an extra measure of care, safety, convenience and savings. If you are using retail service to obtain prescriptions, these condition specific letters are designed to provide you with information about the benefits of Medco's specialty pharmacists and how to get started with mail service.</p>

Please note that most HMOs have similar pharmacy management programs. If you are in an HMO, contact the plan directly for more information.

Pharmacy Management Tools Definitions

Maintenance at Mail

- Promotes Home Delivery for certain long-term medications for conditions such as high blood pressure or high cholesterol.
- If you continue to fill a prescription that requires Maintenance at Mail through a retail pharmacy after the original fill plus two refills, you will be responsible for 100% of the cost for the drug.
- Reminder letters are sent when you fill a new prescription for these medications at a retail pharmacy.

Prior-Authorization

- Confirms diagnosis and other clinical information before the medication is dispensed.
- Safeguard to ensure FDA-approved uses or common medically acceptable uses.

Quantity Duration/Dose Duration

- Promotes dosing or length of therapy consistent with recommended or commonly acceptable medical practice.
- Limits quantity per prescription fill to FDA-recommended or common dosing guidelines.

Step Therapy

- Ensures treatment is evidence-based or follows commonly accepted guidelines by having patients use acceptable first line therapies initially for treatment.

Preferred Coverage Review

- Promotes use of generics and/or preferred brand name medications.
- Non-preferred agents are available pursuant to coverage review when the prescriber demonstrates medical/clinical necessity.

Best Doctors

Best doctors is a new program available to those who enroll in the Comprehensive Health Savings Plan (CHSP), Enhanced Medical Plan (EMP) and Point of Service (POS) options. It provides you with personalized assistance in making informed decisions and getting the best care possible.

What's in it for you...	What you need to do...
<ul style="list-style-type: none"> • Access to the expertise of world-renowned doctors and specialist when you are faced with a serious medical condition • Recommendations on your diagnosis and course of treatment based on a thorough analysis of your condition and review of all your medical information • An easy-to-understand report delivered to you and your physician 	<ul style="list-style-type: none"> • Starting in January, call Best Doctors toll-free if you are uncertain about a serious diagnosis or treatment plan • Review the report of findings and recommendations, and then make a follow-up call if you have additional questions <p>Both you and your family members are eligible to use this service, and your treating doctor can call on your behalf.</p> <p>For more information, go to www.bestdoctors.com/members</p>

Note that there is no need to enroll in this program. You are automatically eligible to participate if you enroll in the CHSP, EMP or POS medical options and will receive additional details, including the toll-free number.

Life Insurance

Beginning in 2009, your age as of December 31 of the plan year will be used to determine the amount you pay for Optional Life Insurance and Spouse/Partner Dependent Life Insurance. This means that if your age as of December 31 puts you in a new age bracket, you will pay the rate for that new age bracket for the entire year (rather than the rate change occurring after your actual birthday).

In addition, rates are being reduced for the following age brackets:

Optional Life Insurance	Spouse/Partner Dependent Life Insurance
<ul style="list-style-type: none"> • Ages 55 – 59 • Ages 60 – 64 • Ages 65 – 69 • Ages 70 and older 	<ul style="list-style-type: none"> • Ages 50 – 54 • Ages 55 – 59 • Ages 60 – 64 • Ages 65 – 69 • Ages 70 and older

Rates for all other age brackets will remain the same.

Remember: You can view your current elections and contributions for Life Insurance and Personal Accident Insurance on the Options! Enrollment web site during the enrollment period. However, you cannot make changes to your insurance online. If you would like to reduce or cancel insurance, contact the National Benefit Center at 1-866-335-7444.

Other life insurance updates to consider...

New Special Benefits

- **Will Preparation for those enrolled in Optional Life Insurance** – provides you with free access to attorneys through Hyatt Legal Services who will assist you in preparing a will.
- **Accelerated Benefit Option for those enrolled in Optional Life Insurance** – Allows you to access up to 50% of your Optional Life Insurance amount in the event you become terminally ill. This new benefit is in addition to the Accelerated Benefit Option currently available under your Basic Life Insurance.
- **Accelerated Benefit Option for those enrolled in Spouse/Partner Dependent Life Insurance** – Allows you to access up to 50% of your spouse/partner life insurance in the event your spouse/partner becomes terminally ill.

Texas definition of dependent (Dependent Life Insurance only)

The definition of an eligible dependent child is being updated to reflect changes in state law, allowing a Texas resident to elect insurance for eligible children and grandchildren up to age 25 regardless of whether they are full-time students.

Personal Accident Insurance

The loss schedule for spouse/partner and child will now include Monoplegia (paralysis of a single limb, such as your arm) and "loss of use" in the event of paralysis.

Also, the following new Personal Accident Insurance (PAI) special benefits are being added in 2009:

- Exposure/Presumption of Death
- Brain Damage
- Burn Benefit
- Therapeutic Counseling
- Hospital Confinement
- Physical Therapy

Medical Plan Comparison Summary

The chart below provides an overview of the plans available to you in 2009.

	CHSP Comprehensive Health Savings Plan	EMP Enhanced Medical Plan	POS Point of Service	HMOs Health Maintenance Organizations
Health Savings Account (HSA)				
Opportunity to open account	Yes	No	No	No
Annual Deductible				
Individual	\$1,200	\$450	In-Network: None Out-of-Network: \$500	None
Family	\$2,400*	\$900	In-Network: None Out-of-Network: \$1,000	None
Coinsurance				
Plan Pays	In-Network: 80% Out-of-Network: 60%	In-Network: 80% Out-of-Network: 60%	In-Network: 100% Out-of-Network: 80%	Not applicable, only copayments
You Pay	In-Network: 20% Out-of-Network: 40%	In-Network: 20% Out-of-Network: 40%	In-Network: 0% Out-of-Network: 20%	Not applicable, only copayments
Medical Copayments				
Office Visit	Not applicable (deductible and coinsurance applies)	Not applicable (deductible and coinsurance applies)	Primary Care Physician: \$25 Specialist: \$35 (in-network only)	Primary Care Physician: \$20 Specialist: \$30
Inpatient/ Outpatient			\$350/\$150 (per admission in-network only)	None
Emergency/ Urgent			\$100/\$50 (in-network only)	\$100/\$50
Out-of-Pocket Maximum				
Individual	In-Network: \$2,500 Out-of-Network: None*	In-Network: \$2,000 Out-of-Network: None	In-Network: None Out-of-Network: \$2,500	None
Family	In-Network: \$5,000 Out-of-Network: None*	In-Network: \$4,000 Out-of-Network: None	In-Network: None Out-of-Network: \$5,000	None
Prescription Drug Copayments (deductible doesn't apply except for the CHSP)				
In-Network Pharmacy (up to a 30-day supply)				
Generic	\$10 after deductible	\$10	\$10	\$10**
Preferred Brand	\$20 after deductible	\$20	\$20	\$20**
Non-Preferred Brand	\$40 after deductible	\$40	\$40	\$40**
Home Delivery (up to a 90-day supply)				
Generic	\$20 after deductible	\$20	\$20	\$20**
Preferred Brand	\$45 after deductible	\$45	\$45	\$45**
Non-Preferred Brand	\$90 after deductible	\$90	\$90	\$90**

*Under CHSP family coverage, there is not a separate individual deductible, unlike EMP family coverage. The entire family amount must be met regardless of whether only one or more family members are receiving care. The same is true for the out-of-pocket maximum.

**Each HMO determines its own formulary. Some HMOs have a closed formulary, which means that some drugs are not covered by the HMO. Contact the HMO directly for the plan's formulary.

Additional details are in the 2009 benefit summaries that will be available on the Options! Enrollment web site beginning October 27.